

Medical Staff Governing Documents

Bylaws, Policies, and Procedures

by Todd Sagin, MD, JD



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Medical Staff Governing Documents: Bylaws, Policies, and Procedures is published by HCPro, an H3.Group division of Simplify Compliance LLC.

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ISBN: 978-1-68308-664-2

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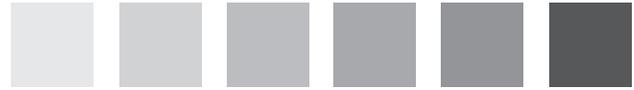
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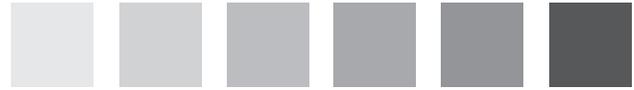
About the Author

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Todd Sagin, MD, JD, is a physician executive recognized across the nation for his work with hospital boards, medical staffs, and physician organizations. He is the national medical director of Sagin Healthcare Consulting, LLC, and HG Healthcare Consultants, LLC, which provide guidance on a wide range of healthcare issues. He served for more than half a decade as the vice president and national medical director of The Greeley Company, Inc. Dr. Sagin is a practicing family physician and geriatrician who has held executive positions in academic and community hospitals and in organized medicine. He frequently lectures and facilitates retreats on medical staff affairs, physician leadership skills, relationships between hospitals and doctors, strategic healthcare planning, governance, and related topics.

Section I: Medical Staff Bylaws





INTRODUCTION

Medical Staff Bylaws: A Blueprint for Medical Staff Structure

Many medical staff bylaws resemble archaeological documents. They were written in the distant past and only occasionally are dusted off and modified, either to accommodate a new accreditation requirement or to address a current controversy involving the medical staff. Thus, many medical staffs are organized and function much as they have for decades despite the dramatic changes that have taken place in the healthcare landscape.

Today, more is demanded of medical staffs than ever before, and physicians have less time than ever to devote to medical staff activities. The challenge is to create a truly effective medical staff that burdens practitioners as little as possible. To accomplish this goal, physician leaders in hospitals nationwide are redesigning the way they tackle the important tasks of medical staff self-governance, credentialing, peer review, communication, and medical staff administration. As they do so, they must revise medical staff bylaws to reflect the changes they initiate, because these bylaws serve as both a blueprint for medical staff structure and a roadmap for the medical staff's exercise of the powers delegated to it by the hospital board.

When written well, bylaws and associated policies are user-friendly documents that do the following:

- Clearly define the purpose and responsibilities of the medical staff
- Promote upstanding citizenship by specifying the obligations and duties of members
- Enhance the quality and safety of care through excellent credentialing and peer review processes
- Reinforce appropriate professional conduct by setting unequivocal expectations for appropriate behavior

- Describe efficient structures through which medical staff work may be performed
- Facilitate appropriate and collaborative working relationships between the medical staff and hospital leaders and trustees
- Avoid unnecessary work generated by overreading or misinterpreting the requirements of accreditation standards
- Reinforce legal protections for practitioners carrying out important medical staff tasks
- Are written to maximize the ability of the medical staff to be flexible and adaptive in rapidly changing times

Medical staff bylaws are mandated for hospitals that participate in federal reimbursement programs such as Medicare. It is important for drafters of medical staff bylaws to be familiar with the basic requirements laid out in CMS' *Conditions of Participation (CoP)* and the standards of accrediting organizations that interpret and enforce these requirements on the government's behalf. Since there are multiple accreditation bodies and their standards can change from year to year, this book will not attempt to catalog their various requirements. Because The Joint Commission is far and away the most common hospital accreditation organization, this book is largely organized to address its general expectations for medical staffs. This approach has also been taken because The Joint Commission has more detailed and prescriptive accreditation standards than do most other accreditation organizations. If your hospital is not Joint Commission-accredited, you likely have much more latitude in how you design your medical staff bylaws.

How to Use This Book

Organized medical staffs are an established feature of the hospital landscape in the United States. The maintenance of a medical staff is necessary if a hospital wishes to participate in federal health reimbursement programs and to seek accreditation. Furthermore, CMS' *CoP* require each medical staff to have written bylaws, and this requirement is echoed in the standards of accrediting bodies such as The Joint Commission, DNV GL, the Healthcare Facilities Accreditation Program, and the Center for Improvement in Healthcare Quality.

This book is intended to help medical staffs that want to review their current bylaws documents and determine whether change is warranted. A complete model set of bylaws is not provided because each medical staff's bylaws must mirror the uniqueness of the medical staff for which it is written. The saying "form follows function" applies here. Once a medical staff decides how it wants to function, those decisions should be incorporated into its medical staff bylaws.

This section of the book is divided into sections that reflect bylaws issues with which medical staffs most commonly struggle. It may be read either as a comprehensive orientation to a bylaws redesign or in a targeted manner as medical staff leaders ponder specific issues. This book is intended

to serve as a resource for medical staffs undertaking a comprehensive review of their governance documents or for those seeking to undertake incremental changes to bylaws when circumstances warrant.

Every effort has been made to ensure that the book's content is current as of its publication date. Much of what is written is influenced and constrained by current federal and state regulations, court rulings, and accreditation standards. Because they are subject to frequent change, readers should always carefully review the latest version of accreditation standards and seek the knowledgeable input of consultants or legal counsel before adopting changes to their existing bylaws.

As you read through the sections that follow, you will see that various medical staff design options are outlined for the reader's consideration. This book provides examples of bylaws language that illustrate various approaches to medical staff governance, organizational structure, and process.

Sample language is found throughout this book. It is important to stress that this language may or may not be appropriate for any specific medical staff or set of bylaws. Its inclusion is to provide those who are drafting bylaws with a place to start in crafting their own appropriate wording. Medical staffs should refrain from simply copying and pasting into their bylaws the sample language found in this book. Because every medical staff is unique in some way, language should be thoughtfully adapted to address local circumstances as appropriate. The sample language in this book may also contradict or repeat language already existing in your medical staff bylaws. Careful editing will be necessary if you are adapting this book's examples of language into an already existing set of bylaws. Furthermore, the samples found in this book may not be appropriate for a certain accreditation body or consistent with local statutes or regulations. For example, some states like California and New York have far more detailed requirements for medical staffs than do others. This is one reason to consider seeking the input of legal counsel before making any revisions or additions to bylaws language. The careless adoption of sample medical staff bylaws language is a practice that has sometimes come back to haunt an organization.

Specific terminology used in the sample bylaws language in this book may differ from that used at your institution. In most cases, it will be clear where logical substitutions can be made. For example, "trustee" may be used in place of "director"; "chief of staff" may replace "president of the medical staff"; "vice president of medical affairs" may be substituted for "chief medical officer"; and so forth. All percentages, numbers, and timelines in the sample bylaws language are for demonstration purposes only and should be altered to reflect the preferences at a specific institution.

This book was written with one of Albert Einstein’s quotes in mind: “All things should be made as simple as possible, but not simpler.” In considering medical staff design possibilities, physician leaders should look for ways to reduce unnecessary bureaucracy that does not add value and add approaches that create a more streamlined organization. Sometimes less can be more.

Medical Staff Bylaws in Perspective

The medical staff is, functionally, an operating entity within the organizational framework of a hospital or health system. Why, then, does it require bylaws? The hospital pharmacy doesn’t require bylaws, nor does the emergency department. The hospital’s nurses don’t operate under a set of bylaws. The medical staff is not a corporate subsidiary with a legal requirement for bylaws. However, the Medicare *CoP* require that a “... hospital must have an organized medical staff that operates under bylaws approved by the governing body ...” (*Code of Federal Regulations*: Title 42 §482.22). Organized medicine—in particular, the American Medical Association (AMA)—has been a strong advocate for hospital medical staffs and has pushed requirements for detailed bylaws that can ensure that the medical staff is run by and for doctors. It has accomplished this most effectively through its influence on the The Joint Commission. Founded in 1952 and then known as the Joint Commission for the Accreditation of Hospitals, this entity has had a significant focus on guiding the formal development of the modern medical staff. At various times in past decades, both the AMA and The Joint Commission have promulgated model bylaws for hospital medical staffs. Indeed, most medical staff bylaws in the 21st century have closely adhered to the basic approach and structure of model documents endorsed decades ago.

To stay current with changing regulations and standards, medical staffs must regularly review their governance documents. For this reason, many medical staffs have bylaws that have been constantly revised over multiple decades. In some places, the result is a document that is a patchwork of “voices,” fixes that sometimes contradict one another, confused formatting, and a labyrinth of narratives. When you add in the input of lawyers asked to perform legal review of such bylaws, the documents typically drop down several notches in user-friendliness and practicality. The length and complexity of most medical staff bylaws make them documents that are intimidating and seldom read by physicians. Although physicians are typically asked to confirm at the time of their staff appointment that they have read the medical staff bylaws, it is widely recognized that such perusal has rarely taken place.

Interestingly, most medical staff bylaws exceed by several orders of magnitude the bylaws of the hospital itself. Despite this reality, industry efforts in years past to downsize and simplify medical

staff documents have not generally been successful. Two major forces have been prime drivers keeping medical staff bylaws dense and lengthy. The first is increasing micromanagement by The Joint Commission. The standard regarding medical staff bylaws (MS.01.01.01) is the single longest standard in the medical staff section of The Joint Commission’s hospital accreditation manual. In 2016, this standard had 37 Elements of Performance. Although there is no evidence that this standard improves the quality or safety of care, there is no doubt that it is a driver of complex and detailed medical staff bylaws.

The second significant force influencing a need for carefully constructed, comprehensive bylaws is the growth in litigation claiming medical staff negligence. Plaintiff lawyers representing both patients and doctors are increasingly suing medical staffs where they believe that those staffs have not acted in compliance with their bylaws. For this reason, bylaws must be written with much more rigor and attention than has historically been needed. Much of the language currently found in medical staff bylaws is designed to protect medical staff leaders from such lawsuits. Historical efforts to scale down bylaws to a few dozen pages have not been successful in part because they do not create adequate safeguards for those engaged in important medical staff work.

Medical staff bylaws have served for many decades as the blueprint for medical staff structure and processes. Although medical staff processes have grown more complex over the decades in response to accreditation demands, medical staff structure today looks very similar to the way it did 50 years ago. Of course, hospitals and the global healthcare environment have changed dramatically over this time period. The concept of a hospital “organized medical staff” is anachronistic, held only in place by outdated *CoPs* and many equally outdated state regulations. For this reason, a significant number of healthcare organizations have begun to push the limits of medical staff redesign. As they do so, they must ensure that they revise medical staff bylaws appropriately. Prudent drafters of contemporary bylaws strive to make these documents as flexible as possible so they can accommodate the emerging best practices in medical staff structure and function. In this book, we highlight the opportunities to facilitate such change through a bylaws revision process.

Outdated medical staff bylaws can work to undermine good working relationships between a hospital board, management team, and physician community. Well-drafted documents can facilitate these working relationships by ensuring that medical staff goals are well aligned with institutional objectives. Poorly drafted bylaws can become an unfortunate tool in political battles between the parochial interests of cliques of physicians and hospital governing bodies and hospital leaders. This is especially true in these times of great change and volatility in healthcare. It is also one reason that many hospitals in recent years have chosen to undertake comprehensive reviews of medical staff governance documents.

Approaching Bylaws Reviews, Revisions, and Do-Overs

Multiple parties in most hospitals have an interest in seeing that medical staff bylaws receive periodic scrutiny. Medical staff professionals have an opportunity to address areas of the bylaws that lack clarity, promote clumsy processes, inadequately facilitate problem-solving, or no longer represent good practice. Accreditation coordinators can use periodic reviews to ensure that the documents are current with changing accreditation requirements. Risk managers and hospital counsel value the opportunity to review language that protects peer review documents and processes from the prying eyes of attorneys and make adjustments to reflect emerging case law or changing regulations. Most importantly, physician leaders should be reviewing these documents from time to time to ensure they facilitate medical staff efforts to enhance quality and safety, are not overly burdensome on medical staff members, and promote development of a strong professional community.

Many medical staffs delegate this scrutiny to a bylaws committee. When this approach is taken, care should be exercised to avoid some of the pitfalls that can occur with long-standing, fixed committee membership. Members who have had long tenures on such committees sometimes have a vested interest in minimizing changes to their previous work. After recommending bylaws language for many years, these individuals sometimes take a possessive interest in preserving historic wording and approaches to medical staff duties. The individuals can be obstacles to creative and innovative thinking about new ways to organize medical staff activities or structures. Bylaws committees can also suffer from blinkered “group-think” if new faces are not regularly introduced into committee deliberations. Unfortunately, participating on bylaws committees is not a popular pastime. Those willing to serve are sometimes overly attracted to “wordsmithing” and have been known to demonstrate dysfunctional micromanagement in any bylaws revision undertaking.

Some medical staffs outsource bylaws review to legal counsel. This has advantages and disadvantages. Where this approach is taken, it is important to identify an attorney who has considerable experience in medical staff affairs and bylaws drafting. Using counsel can help ensure that bylaws are compliant with current regulations and local case law. Unfortunately, sometimes lawyers are used who know little about medical staff realities and focus more on legalities than on creating bylaws that enhance the functionality of the organization. Such counselors often view the bylaws primarily through a risk management lens. Lawyers sometimes create documents that “turn off” doctors because they resemble legal contracts and use legal terminology that is not second nature for healthcare practitioners.

One effective approach to major bylaws review is for medical staff leaders to periodically convene a “governance task force” charged with appraising medical staff function, considering redesign options, and updating bylaws to reflect their decisions. Such task forces should include experienced physician leaders who are familiar with the strengths and weaknesses in the current medical staff

bylaws. The work of such a task force can be facilitated by a consultant or an experienced medical staff professional to ensure that all relevant issues are considered and contemporary best practices discussed. The task force may also have its work reviewed by legal counsel if there is concern that such input is necessary.

A key decision of medical staff leaders is whether to revise a standing document or start fresh with entirely new bylaws. Creating a new bylaws document might be prudent where the following conditions exist:

- Current bylaws are sitting on a decades-old chassis, modified by many years of revisions and modifications
- Current bylaws have demonstrated a need for extensive changes that can be difficult to implement without overlooking some sections that will need rewriting in response to the changes made elsewhere in the document
- The medical staff wishes to adopt a modern bylaws template that reflects contemporary best practices in language
- The medical staff wishes to undertake significant redesign of its structure and processes
- The hospital has changed its accrediting organization and the medical staff and bylaws will need to come into compliance with a very different set of standards

When choosing to review and modify bylaws, the medical staff has numerous resources at its disposal in addition to consultants and lawyers. It can seek out sample bylaws from similar organizations, many of whom are willing to share their documents. In this age of transparency, some highly respected healthcare institutions post their medical staff bylaws on the internet. Sample bylaws are also promulgated by some professional organizations, such as the AMA. In addition, those engaged in bylaws revision work can network with colleagues through organizations like the National Association of Medical Staff Services (NAMSS), the American Association for Physician Leadership (AAPL), or the American Health Lawyers Association (AHLA). Finally, guidebooks to medical staff bylaws, including this one, are available from various publishers, including HCPro, the AMA, and the American Health Lawyers Association.

Additional comments on reviewing bylaws can be found in Chapter 7.



Addressing the Preliminaries

The federal *Conditions of Participation (CoP)*, accreditation standards, and state hospital regulations typically lay out requirements for medical staff bylaws. Nevertheless, the detailed contents of medical staff bylaws are largely discretionary and within the control of the medical staff.

What Should Be Covered in Medical Staff Bylaws?

Bylaws are rules and a framework adopted by an organization to describe that entity's governance and approach to the management of its affairs. In general, bylaws should outline the administrative structure of the medical staff, how high-level decisions will be made in the organization, core due process rights of members, and the mechanism for adoption and amendment of governing documents. In particular, medical staff bylaws must contain content that is required by CMS' *CoP*, applicable state hospital regulations, and requirements of whatever organization they use for accreditation purposes. As noted throughout this book, medical staffs that must comply with Joint Commission standards will require much more detailed bylaws than do staffs accredited by other entities.

When crafting bylaws, it is generally prudent to ask whether a particular matter could be better addressed in a medical staff policy and procedure. Because medical staff policies can typically be modified quickly by action of a medical executive committee (MEC), they are more flexible and adaptable documents. If a topic or matter is likely to face little change over time, it should be considered for inclusion in bylaws. If a structure, issue, or process is likely to need frequent modification, it will generally be more appropriate to address it in policy form. Some medical staffs create compilations of such policies and aggregate them by topic in manuals. For example, some medical staffs adopt a "Credentials Policy and Procedure Manual" to house their credentialing policies or an "Organization and Functions Manual" to spell out the details of committees and their activities.

When reviewing the language of the bylaws, medical staff leaders often defer to previously published model bylaws that may not reflect contemporary needs and concepts. It is important to question whether historic approaches to bylaws' construction, format, and content continue to be practical and efficient.

Organization Name

Freestanding organizations that are legally incorporated typically have their legal name spelled out in their governance documents. However, medical staffs are working components of an established hospital or healthcare organization and, as such, have no need for a legal identifier. There is no requirement that medical staff bylaws have an article that declares the name of the entity. Therefore, your medical staff could opt to place the name of the organization only on the cover sheet of the bylaws. Using a two-sentence article to restate the organization's name is a waste of time and space and adds to the density of the document. Do away with it and you are on your way to more streamlined bylaws.

Table of Contents

The traditional approach to bylaws construction places the table of contents (TOC) at the beginning of the document and enables all parties to quickly locate relevant articles, sections, and provisions. In addition to listing the major headings, some medical staff bylaws' TOCs list each minor subheading within the document. The result is a lengthy TOC. Although such a detailed list allows users to identify all sections of the bylaws and their corresponding page numbers, it also creates the impression that the bylaws are a dense and bureaucratic document.

Further, the clerical task of updating the TOC can be daunting when revisions and amendments change the page numbering of every section. If you choose to follow traditional methods and create a TOC, consider referencing only the major headings within the bylaws, such as the following:

- Appointment to the medical staff
- Membership responsibilities
- Membership rights
- Medical staff categories
- Medical staff officers
- Conflict resolution
- Method of bylaws adoption

- Investigations and corrective action
- Fair hearings
- Credentialing processes
- Organizational structure
- Meetings, quorum, and attendance

Highlighting the articles and major sections of the bylaws in a TOC allows an individual to quickly locate relevant language. If articles and sections are themselves numbered, it is also possible to leave specific page numbers off the TOC. Where this is the case, it is still relatively easy to locate specific topics in the bylaws, but the challenge of constantly updating page numbers in the TOC is avoided.

Although the TOC serves to highlight the major issues addressed in the bylaws for physicians to see, an additional option to consider is giving new applicants a summary of the medical staff bylaws. This could be written in a narrative style with a less formal tone that increases the likelihood that physicians will read it. It should serve as the physicians' introduction to the medical staff structure and processes. This precis is much more likely to be read by busy practitioners than is a complete copy of the extensive bylaws. It is therefore also more likely to facilitate member engagement in and understanding of medical staff affairs. New medical staff members can be directed to a complete set of bylaws available on a medical staff website or portal, a CD, or in hard copy through the medical staff services department. The medical staff can maintain additional copies of current bylaws in the physician lounge or medical staff library. Thus a complete set of documents is always readily available for medical staff members or others who need to reference them.

Definitions

Most medical staff bylaws contain a section labeled “definitions.” The value of a definitions section in the bylaws is to ensure clarity in the use of terminology. For example, if a hospital is part of a larger health system, does the term “board” in the bylaws refer to the hospital board or the health system governing body? Some terms are used differently by different healthcare organizations, and the definitions section of the bylaws can be used to make sure that everyone knows how the term is intended to be defined in that document. As an example, the term “allied health professional” (AHP) often encompasses a different constellation of practitioners as used in one institution versus another. In some hospitals, this term refers only to advanced practice nurses and physician assistants. In others, podiatrists, dentists, chiropractors, psychologists, advanced practice nurses, and physician assistants are all considered AHPs.

Where a term has a clear and widely accepted use in the healthcare field, there is no need to clutter a definitions section with its inclusion. For example, reference to “physician” is commonly understood to be inclusive of licensed doctors of medicine or osteopathy.

Similarly, there is no need to provide a definition of an entity referenced in the bylaws where it can easily be identified if a reader does not recognize it. For example, if a reader does not recognize a reference in the bylaws to the National Practitioner Data Bank, a short internet search will quickly bring him or her up to speed.

In many cases, a specific term will be elucidated in the body of the bylaws. In this case, there is no need to also explain the term in the definitions section. The exception is where a term manifests itself repeatedly in the document and may not be clear if a reader does not review that part of the bylaws where the term is first clarified.

When considering definitions, it can be helpful to review the definitions and interpretive guidance found in the federal statute known as the Health Care Quality Improvement Act of 1986 (HCQIA). As we shall see later in this book, this statute has significant impact on the content of medical staff bylaws because of the significant protections it provides medical staff leaders and hospitals. It is important to strive to make terminology in the bylaws largely match that in HCQIA where relevant. This will ensure that the protections in HCQIA are not inadvertently attenuated by bad bylaws drafting. It is also valuable to review applicable state laws, which may contain definitions regarding matters such as peer review. These definitions should be incorporated into medical staff bylaws and policies.

Preamble and Statement of Purpose

Many bylaws documents begin with a preamble or introduction. There is no requirement for this component of bylaws and it frequently just adds unnecessary bulk to the document. If a preamble is included, the medical staff should customize it to reflect any unique attributes of the hospital, community, and medical staff.

Another common and more useful starting point for medical staff bylaws is a statement of the organization’s purpose and basic responsibilities. Medical staff leaders should carefully review this section of the bylaws in light of today’s litigious environment and the realities of current medical practice. Avoid promises that state that the “purpose of the staff is to provide the highest quality patient care” or declarations that the medical staff exists “to ensure that only competent practitioners are permitted to provide services within the facility.” A medical staff may certainly strive to achieve these goals, but it is not wise to insert such guarantees into bylaws. Too often,

a plaintiff’s attorney will search for this language to demonstrate that the medical staff failed to carry out its promise to the board and to patients. The purpose of the medical staff is not to make guarantees—it is to ensure that relevant patient care and practitioner performance is reasonably reviewed, evaluated, and improved as appropriate.

The purpose statement of bylaws is frequently used to make clear that the medical staff operates under the authority of the hospital or health system governing board. This concept can be valuable to reinforce because there are some physicians who misunderstand this fundamental relationship between a hospital and its medical staff. Many institutions also choose to declare that the medical staff bylaws do **not** constitute a legal contract between the practitioner, the medical staff, the hospital, or any other entity. Including this language can undermine the attempts by some plaintiff attorneys to turn bylaws into a legal document (i.e., a contract) that they were never intended to be. Such a declaration notwithstanding, medical staff bylaws are recognized by the courts in many states as a formal and binding agreement between the medical staff and the institution that authorizes it.

An issue sometimes addressed under the purpose section in the bylaws is identifying the medical staff as an “organized healthcare arrangement.” In this case, it is important to define the term either in the text or in the definitions section of the bylaws. The intent of this labeling is to facilitate the appropriate sharing of protected health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

SAMPLE LANGUAGE

Statement of purpose

The medical staff is considered part of an organized healthcare arrangement and works with the board and hospital management to perform effective quality monitoring, peer review, credentialing, performance improvement, and maintenance of professionalism.

(Definitions: ORGANIZED HEALTHCARE ARRANGEMENT: A clinically integrated care setting in which individuals typically receive healthcare from more than one provider and which is defined in 45 *CFR* §164.501 commonly known as the HIPAA Privacy Regulations.)

Where a medical staff is part of a multihospital system, it can be useful to address any intent to collaborate across medical staffs in a purpose statement. If a single, unified medical staff will operate across multiple hospital campuses within a health system, a purpose statement may be used to clarify the merged nature of these geographically disparate practitioner communities.

SAMPLE LANGUAGE

Health System Affiliations and Coordination of Medical Staff Services

Acme Health System owns and operates numerous healthcare facilities. The medical staff acknowledges that the difference in scope of services among these facilities may necessitate adoption of special rules, regulations, policies, and procedures applicable on a facility-specific basis. However, wherever possible, the desire of the medical staff is to minimize duplication of efforts, to consolidate resources, to standardize policies and procedures, to minimize unnecessary variance in operations and promote their maximum efficiency and effectiveness, and to facilitate a comparably high standard of care at all facilities, while at the same time accommodating the uniqueness of each facility and its practice culture. In keeping with the foregoing, cooperative credentialing, peer review, corrective action, and procedural rights are herein promoted in accordance with the guidelines set forth in these bylaws.

Credentialing

The medical staff may enter into arrangements with other Acme Health System medical staffs or clinical entities to collaborate on credentialing activities. This may include, without limitation, utilizing information in the credentials and peer review files of practitioners at other Acme-affiliated clinical entities, participation in joint committees among Acme-affiliated clinical entities to address credentialing and privileging matters, and sharing credentialing and peer review information with other Acme-affiliated clinical entities directly or through joint committees. In addition, the medical staff may rely on medical or professional staff support resources at any Acme hospital to assist in the processing of applications for appointment, reappointment, and privileges.

Peer Review and Performance Improvement

The medical staff may enter into arrangements with other Acme-affiliated clinical entities to collaborate in peer review and performance improvement activities. This may include, without limitation, utilizing information in the credentials and peer review files of other Acme-affiliated clinical entities, participation in joint committees to address peer review and performance improvement matters, and sharing credentialing and peer review information with other Acme-affiliated clinical entities directly or through joint committees. In addition, the medical staff may rely on medical or professional staff support resources at any Acme facility to assist in addressing peer review and performance improvement concerns.

Corrective Action, Hearings, and Appeals

The medical staff may enter into arrangements with other Acme-affiliated clinical entities and the Board to develop and impose coordinated, cooperative, or joint corrective action measures as deemed appropriate to the circumstances. This may include, but is not limited to, giving timely notice of emerging or pending problems, as well as notice of corrective actions imposed and/or recommended, and coordinated hearings and appeals.

Medical Staff Governing Documents

Bylaws, Policies, and Procedures

by Todd Sagin, MD, JD

Policies and procedures and bylaws fall under the umbrella of governing documents, which the medical staff is not only responsible for creating but revising, following, and enforcing. It is imperative for bylaws and policies and procedures to align; conflicting documents open the organization up to lawsuits and can create a negative medical staff culture if physicians don't know what guidelines to follow.

Medical Staff Governing Documents: Bylaws, Policies, & Procedures will help medical staff leaders and MSPs develop clear and thorough policies and procedures and bylaws for their organizations that comply with accreditors' requirements and promote industry best practices. This comprehensive resource guides readers through creating both types of governing documents and understanding the connections between related bylaws and policies.

Author Todd Sagin, MD, JD, explains why each policy/bylaw is important to include, provides guidance on implementing it, and addresses potential issues that medical staffs need to think about when creating their governing documents. This book also provides sample documents that organizations can download and customize to suit their needs.

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